FILED

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $150 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 25 AM 8:10

DOCUMENT # N93000005561 (6)

1. Corporation Name

THE LAKES OF ROSEMONT APARTMENTS OF FLORIDA CORP ORATION

Principal Place of Business	Mailing Address
650 W GEORGIA ST 21ST FLOOR VANCOUVER,B.C. CA V6B4N7 OC	650 W GEORGIA ST 21ST FLOOR VANCOUVER,B.C. CA V6B4N7 OC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 12/10/1993
3a. Date of Last Report: 08/30/1994
4. FEI Number: 98-0140101 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANATATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, type(s) or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	FRENCH, BRUCE	12 NAME	
STREET ADDRESS	~~650 W GEORGIA ST 21 FLOOR~~	13 STREET ADDRESS	16801 Addison Road, Suite 235,
CITY-ST-ZIP	~~VANCOUVER BC, CA V6B4N7~~	14 CITY-ST-ZIP	Dallas, Texas 75248
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	MACKAY, JOHN D	22 NAME	
STREET ADDRESS	650 W GEORGIA ST 21 FLOOR	23 STREET ADDRESS	
CITY-ST-ZIP	VANCOUVER BC, CA V6B4N7	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	JOHNSTON, JAMES A	32 NAME	
STREET ADDRESS	650 W GEORGIA ST 21 FLOOR	33 STREET ADDRESS	
CITY ST ZIP	VANCOUVER BC, CA V6B4N7	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	SAUNDERS, ROD G.	42 NAME	
STREET ADDRESS	944 TOLL CROSS RD	43 STREET ADDRESS	
CITY ST ZIP	NORTH VANCOUVER, BC, CA	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James A. Johnston July 18 '95 (604) 687-1919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010665